

**Request to Take the Competency Evaluation Program (CEP)
Based on Completion of an RN or LVN School**

Before DADS can approve your eligible route, all applicants must create an account with the testing company through the on line system Credential Manager at: <https://i7lp.integral7.com/txna>. Failure to create an account will delay the process. Once you have created your account, please list the ID number which was assigned to you here _____.

I. Use this form to request approval to take the CEP in Texas if you:

- have graduated within the last 24 months from an RN or LVN school accredited by any state,
- are not licensed as an RN or LVN in the state of Texas,
- have not held a license as an RN or LVN in Texas that has been revoked, and
- meet CEP requirements listed at §94.11(c)(2)-(3) of the Licensing Standards for Nurse Aides. No individual listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code §205.006 will be eligible for the CEP. Chapter 250 and a list of convictions can be found at: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm>.

Nurse Aide Training Program staff will complete the EMR check. However, individuals requesting to take the CEP must request a criminal history check from the Texas Department of Public Safety (DPS). For instructions on how an individual can obtain a criminal history check, contact your local DPS office or visit the website: www.txdps.state.tx.us/administration/crime_records/pages/faq.htm. **You must submit your criminal history results along with this application to receive approval to take the test.**

II. Complete Items A through O (type or fill out electronically)**A. Name (Last, First, Middle) and Email Address**
_____**B. Maiden Name**
_____**C. Other Surnames**
_____**D. Social Security No.**
_____**E. Date of Birth (mm/dd/yyyy)**
_____**F. Address (Street, City, State, ZIP Code)**

_____**G. Home Area Code and Telephone No.**
_____**H. Daytime Area Code and Telephone No.**
_____**I. Name of Facility, if employed**
_____**J. Address of Facility (Street, City, State, ZIP code)**

_____**K. Name of Nursing School**
_____**L. Address of Nursing School (Street, City, State, ZIP code)**

_____**M. Dates Attended (mm/dd/yyyy)**

From _____

To _____

N. Signature
_____**O. Date (mm/dd/yyyy)**

III. Applicant **must** attach proof of successful completion of a state-accredited RN or LVN training program within the past 24 months. This proof **must** be a photocopy of an original certificate of completion that has been notarized as a true and exact copy of an unaltered original.

IV. If the name on the certificate is different than the name in Item II-A, applicant **must** attach proof of name change, such as a photocopy of a marriage license, divorce paper or legal name change document.

V. The Department of Aging and Disability Services (DADS) will review the request and send a written notice of approval, deficiency or disapproval. When approved, applicant will receive a:

- letter stating eligibility to take the CEP,
- copy of the skills checklist, and
- test application and instructions.

VI. Applicant is responsible for finding a location to take the CEP. If possible, find:

an approved facility that offers you employment and testing, or

an approved facility or nurse aide training program that volunteers to test you.

Visit our website, www.dads.state.tx.us/providers/NF/credentialing/, to help locate a training program near your area.

VII. Return completed form and the attachments requested in Items III and IV to:

Department of Aging and Disability Services
Nurse Aide Training Program
Mail Code: E-420
P.O. Box 149030
Austin, Texas 78714-9030

DADS Office Use Only			
RN/LVN Certificate or Diploma	_____	Reviewed on _____	by _____
Photo of Certificate	_____	Incomplete on _____	by _____
Notarized	_____	Incomplete sent on _____	by _____
On or after 07/01/89	_____	Disapproved on _____	by _____
School Accredited	_____	Disapproval sent on _____	by _____
Not Licensed RN/LVN	_____	Approved on _____	by _____
Board Called	_____	Approval sent on _____	by _____
Talked to	_____		
Called by	_____		
Name Change	_____		

Department of Aging and Disability Services
Nurse Aide Training Program
Mail Code E-420
P.O. Box 149030
Austin, Texas 78714-9030
credential@dads.state.tx.us

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact the Regulatory Services Nurse Aide Training Program at 512-438-2017.